	The state of the s	44 (2) 1820-1910 (1914) 1916 (1915) 		A CARLO SERVICE SERVIC
PLACE OF BIRTH	A) 1. PLACE OF BIRTH	BUREAU OF V	BOARD OF HEALT	State File No. 700
A Secretary Contraction Contracts on	County Fila	STANDARD CERT	TIFICATE OF BIRTH	Registered No.
airse of Veyralis			State aryona	
	Gir Flolie	N-	or Village	
	D 0: 4	(If birth occ	urred in a hospital or institution,	St., Ward give its NAME instead of street and number)
Full number of childs. It	3 50 61 11 1	minasia_		If child is not yet named, make supplemental report, as directed.
recta de la compara de la comp	in event of plure!	<b>&gt;</b>	On P Ma	. Date of birth Joh. 20 1926
	8. FATHER	5. No., in order of birth	<u> </u>	Month Day Year
No even it	Full name Ramon mends	esa	Full malden name Be	MOTHER.
ន្ទាក់ប <b>ៀកទូវ</b> . 194 (197) នៅក្រុងប្រ	9. Residence (Usual place of abode)		15 Residence	arnee persona
H nunerosideote e lec plu	If non-resident, give place and Hard of	e, ans.	(Usual place of abode)  If non-resident, give pl	Tlake a
Color or three	10. Color or race		16 Color or race	ace and states
	Mexican 11. Ago at last b	irthday 2-0 (Years)	mexican	17. Age at last birthday 2 - QYcars)
चीतु १५ ५३ीती लाबीतुनी वर्ती	12. Birthplace (city or place) Mey		18. Birthplace (city or place	
Center case no salatific	(State or country)		(State or country)	ania
	13. Occupation		19. Occupation	fond
guested to suitable	Nature of Industry Muner		Nature of industry	dusewye
Symper of cittles in of	20. Number of children of this mother.		d now living one   21	. Were precautions taken against oph-
one of the control to be followed by the control of	Taken as of time of birth of child herein ertified and including this child.)	(c) Stillborn	t now dead none	thalmia neonatorum?
I wordly that I oft.	CERTIF hereby certify that I attended the birth of th	is child, who was 74	PHYSICIAN OR MIDWIFE	7:40 5
Whin there were a	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that well the	Signature (B	orn alive or stillhorn.)	7.40 pm. on the date above stated
this is the solution of the state of the sta	hows other evidence of life after birth.	<u></u>	Physician	
	iven name added from supplemental report	Address	Clobe and	), (Physician or midwife),
	Month, day, year	. Filed	2/28.265	N X Hant
	Registrar		172	Régistrat
	241-8	20-51	7	
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